Attention:

This form or schedule is provided for information purposes and should not be reproduced on personal computer printers by individual taxpayers for filing.

The Form 5500-series of forms and schedules is printed on special paper with dropout ink so it can be processed by the computerized processing system "EFAST." The Forms 5500 and 5500-EZ (and related schedules) may be obtained by calling 1-800-TAX-FORM (1-800-829-3676). Be sure to order using the IRS form number.

Check the Department of Labor's website at www.efast.dol.gov for additional information concerning the processing system, electronic filing, software, and "non-standard" filings.

SCHEDULE A (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974.

▶ File as an attachment to Form 5500.

▶ Insurance companies are required to provide this information pursuant to ERISA section 103(a)(2).

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OMB No. 1210-0110

This Form is Open to **Public Inspection.**

	r calendar plan year 2005 fiscal plan year beginning	and ending
A	Name of plan	B Three-digit plan number ▶
С	Plan sponsor's name as shown on line 2a of Form 5500	D Employer Identification Number
P	Information Concerning Insurance Contract Coverage, Fe Provide information for each contract on a separate Schedule A. Indican be reported on a single Schedule A.	
1	Coverage:	0
(a)	Name of insurance carrier	
(b)	EIN (c) NAIC code	
(d) (e)		
Poli	licy or contract year (f) From / DD / YYYYY	(g) To MM / DD / YYYY
2	Insurance fees and commissions paid to agents, brokers and other person below and list agents, brokers and other persons individually in descending the following page(s) in Part I.	
То	tals Total amount of commissions paid	Total fees paid/amount
	,00	00
For	r Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for $0 5 0 5 A A 0 1$	
		v8.2

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a)	Name and address of the agents, brokers or other	persons to	whom commissions or fee	es were paid		
						C
					Zip Code	N -1111
b)	Amount of commissions paid	(c)	Fees paid/Amount			(e) Organization
					Q- 00	code
d)	Fees paid/Purpose				7,0	
				5		
				\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
-۱	Name and address of the assets business or other					
a)	Name and address of the agents, brokers or other	persons to	wnom commissions or fee	es were paid		
b)	Amount of commissions paid	(c)	Fees paid/Amount			(e) Organization
		00	29			code
d)	Fees paid/Purpose		4,			
			2			
		100				
		(P)				
	Ô					
a)	Name and address of the agents, brokers or other	persons to	whom commissions or fee	s were paid		
	Name O					
	Stree: Address					
	Cily					7-111
b)	Amount of commissions paid	(c)	Fees paid/Amount			(e) Organization
-,		00				code
۹)	Fees paid/Purpose					
<i>⊶,</i>	1 dee parair arpool					
	0					



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Pa	art II	Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such individual contracts with a unit for purposes of this report.	each carrier may be treated as
3	Curren	nt value of plan's interest under this contract in the general account at year end	
4	Curren	nt value of plan's interest under this contract in separate accounts at year end	6
5	Contra	acts With Allocated Funds	
		the basis of premium rates	
•			
b	Premiu	ums paid to carrier	00
С	Premiu	ums due but unpaid at the end of the year	.00
d	specifi	carrier, service, or other organization incurred any c costs in connection with the acquisition or retention contract or policy, enter amount	00
	Specify	y nature of costs	
•	L		
е	Type o	of contract (1) individual policies (2) group deferred annuit	ty
	(3)	other (specify below)	
•	. [
f	If cont	ract purchased, in whole or in part, to distribute benefits from a terminating plan check here	
		40P-III	

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		racts With Unallocated Funds (Do not include of contract	e portions of these contracts maintained in s	separate accounts)	
	(1)	deposit administration (2)	immediate participation guarantee	(3) guaranteed investment	
	(4)	other (specify below)			
•				4	
b	Bala	nce at the end of the previous year			
				64	
		tions: Contributions deposited during the year		.00	
	(2)	Dividends and credits		_00	
	(3)	Interest credited during the year		.00	
		Transferred from separate account			
		Other (specify below)			
>			0, 111		
	(6)	Total additions			
	(-)		0		
		of balance and additions (add \mathbf{b} and $\mathbf{c}(6)$)			_00
	(1)	Disbursed from fund to pay benefits or			
		purchase annuities during year			
	(2)	Administration charge made by carrier		.00	
	(3)	Transferred to separate account		.00	
	(4)	Other (specify below)		.00	
•					
	(5)	Total deductions			_00
		40			
f	Bala	nce at the end of the current year (subtract e	(5) from d)		00
		0 5	. 0 5 4 4 0 4 0	V	
ı		0 5 	;		ī



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Part III Welfare Benefit Contract Informati	Part III	Welfare	Benefit	Contract	Information	or
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If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organization(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

7	Ben	efit and	d contract type (check all ap	plicable boxes	8)					
((a)		Health (other than dental or vision)	(b)	Dental	(c)	Vision	(d)	Life Insurance	
((e)		Temporary disability (accident and sickness)	(f)	Long-term disability	(g)	Supplemental unemploymen	(h)	Prescription drug	
	(i)		Stop loss (large deductible)	(j)	HMO contract	(k)	PPO contract	(1)	Indemnity contract	
(1	m)		Other (specify below)				,5			
•										
8	Ехр	erience	e-rated contracts			0				
а	Prei (1)	miums: Amou	int received					00		
	(2)		ase (decrease) ount due but unpaid					00		
	(3)		ase (decrease) in ned premium reserve		203			00		
	(4)	Earne	ed ((1) + (2) - (3))		?- `				_0(
b		efit cha Claims	arges: s paid	.0				00		
	(2)	Increa	ase (decrease) in claim rese	rves				00		
	(3)	Incurre	red claims (add (1) and (2))						_0	
	(4)	Claims	s charged						_0(

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8 c	Rem	nainder of premium:	
	(1)	Retention charges (on an accrual basis)	
		(A) Commissions	
		(B) Administrative service or other fees	
		(B) Administrative service or other fees (C) Other specific acquisition costs	
		(D) Other expenses	
		(E) Taxes	
		(F) Charges for risks or other contingencies (G) Other retention charges	
		(a) Other retained charges	
		(H) Total retention	.00
	(2)	Dividends or retroactive rate refunds.	
		(These amounts were 1) paid in cash, or 2) credited.)	.00
d	Stat	tus of policyholder reserves at end of year:	
	(1)	Amount held to provide benefits after retirement	.00
	(2)	Claim reserves	
	()	47	
		c_{2}	
	(3)	Other reserves	- 00
_	Divid	dends or retroactive rate refunds due.	
e		not include amount entered in c(2).)	.00
		2	
9	Non	nexperience-rated contracts:	
а	Tota	al premiums or subscription charges paid to carrier	.00
b	If the	e carrier, service, or other organization incurred any specific costs	
		onnection with the acquisition or retention of the contract or policy, er than reported in Part I, item 2 above, report amount	
		cify nature of costs below	